



August 17th, 2017

Sent Via Certified Mail

Return Receipt No: 7017 0660 0000 7836 1183

Operator Name: FILER MUTUAL TELEPHONE COMPANY
Operator Address: PO Box 89 Filer, ID 83328

To Whom It May Concern:

Gray Television Group, Inc., on behalf of its licensee subsidiary Gray Television Licensee, LLC ("Gray"), hereby provides you with this formal notice under 47 C.F.R. § 76.55(e)) with respect to each television station currently owned by Gray (each, a "Station"). Attachment A hereto lists the Stations.

For the carriage cycle of January 1, 2018, through December 31, 2020, Gray elects RETRANSMISSION CONSENT STATUS for each full-power and qualifying low power or Class A Station on each cable television system that, at any time during the carriage cycle, serves any community located in any Station's television market (as defined by the FCC), including each such system serving a community listed on Attachment B hereto and all other systems that are owned or managed, directly or indirectly, by your company.

Furthermore, Gray elects not to renew, extend, or roll-over the term of any retransmission consent agreement that may be in place between our companies at this time. At this time, we are preparing for this round of retransmission consent renewals, and we anticipate commencing all negotiations in September. If you need any additional information about Gray or this letter, please contact me at the address or telephone number below.

Sincerely,

Timothy Allen Coles
Vice President,
Gray Television Group, Inc.
KMVT/KSVT/NMVT
1100 Blue Lakes BLVD. N.
Twin Falls, ID 83301
208-933-2807
tim.coles@kmvt.com

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$3.35
Extra Services & Fees (check box and fee)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$2.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.59
Sent To: Filer Mutual Telephone Company P.O. Box 89 Filer, ID 83328	
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions	

Postmark: TWIN FALLS ID 83301 AUG 18 2017

Twin Falls, ID 83301 • Tel: 208-733-1100
WWW.KMVT.COM



ATTACHMENT A: Gray Stations

DMA	Station	Primary Channel		DMA	Station	Primary Channel
Albany, GA	WSWG	CBS		Marquette	WLUC-TV	NBC
Alexandria	KALB	NBC		Meridian	WTOK-TV	ABC
Anchorage	KTUU-TV	NBC		Minot-Bismarck-Dickinson	KFYR	NBC
Anchorage	KYES-TV	MyNet		Minot-Bismarck-Dickinson	KMOT	NBC
Augusta-Aiken	WRDW-TV	CBS		Minot-Bismarck-Dickinson	KQCD	NBC
Augusta-Aiken	WAGT-CD	NBC		Minot-Bismarck-Dickinson	KUMV	NBC
Bangor	WABI-TV	CBS		Minot-Bismarck-Dickinson	KXND-LD	FOX
Bowling Green	WBKO	ABC		Minot-Bismarck-Dickinson	KNDX-LD	FOX
Burlington-Plattsburgh	WCAX-TV	CBS		Monroe - El Dorado	KNOE	CBS
Casper-Riverton	KCWY	NBC		North Platte	KITT-CD	FOX
Cedar Rapids-Waterloo	KCRG-TV	ABC		North Platte	KNOP	NBC
Charleston-Huntington	WQCW	CW		North Platte	KNPL-LD	CBS
Charleston-Huntington	WSAZ-TV	NBC		Odessa-Midland	KOSA-TV	CBS
Charlottesville	WAHU-CA	FOX		Omaha	WOWT	NBC
Charlottesville	WCAV	CBS		Panama City	WECP-LD	CBS
Charlottesville	WVAW-LP	ABC		Panama City	WJHG-TV	NBC
Cheyenne-Scottsbluff	KNEP-TV	NBC		Parkersburg	WIYE-LD	CBS
Cheyenne-Scottsbluff	KGWN-TV	CBS		Parkersburg	WOVA-LD	FOX
Cheyenne-Scottsbluff	KSTF	CBS		Parkersburg	WTAP-TV	NBC
Clarksburg-Weston	WDTV	CBS		Presque Isle	WAGM-TV	CBS
Clarksburg-Weston	WVFX	FOX		Rapid City	KEVN-LD	FOX
Colorado Springs-Pueblo	KKTV	CBS		Rapid City	KOTA-TV	ABC
Davenport-R.Island-Moline	KWQC-TV	NBC		Rapid City	KHSD-TV	ABC
Dothan	WRGX-LP	NBC		Rapid City	KSGW-TV	ABC
Dothan	WTVY	CBS		Reno	KOLO-TV	ABC
Fairbanks	KTVF	NBC		Roanoke-Lynchburg	WDBJ	CBS
Fairbanks	KXDF-CD	CBS		Rockford	WIFR-LD	CBS
Fairbanks	KFXF-LD	FOX		Sherman-Ada	KXII-TV	CBS
Fargo-Valley City	KVLY	NBC		Sherman-Ada	KXIP-LD	CBS
Fargo-Valley City	KXJB-LD	CBS		Sioux Falls	KABY	ABC
Flint-Saginaw-Bay City	WJRT-TV	ABC		Sioux Falls	KPRY	ABC
Gainesville	WCJB-TV	ABC		Sioux Falls	KSFY	ABC
Grand Junction-Montrose	KKCO	NBC		South Bend-Elkhart	WNDU-TV	NBC
Grand Junction-Montrose	KJCT-LD	ABC		Springfield	KSPR-LD	ABC
Green Bay-Appleton	WBAY-TV	ABC		Springfield	KYTV	NBC
Greenville-N.Bern-Washngtn	WITN-TV	NBC		Springfield	KYCW-LD	CW
Harrisonburg	WHSV-TV	ABC		Tallahassee-Thomasville	WCTV	CBS
Harrisonburg	WSVF-CD	FOX		Toledo	WTVG	ABC
Knoxville	WVLT-TV	CBS		Topeka	WIBW	CBS
Knoxville	WBXX-TV	CW		Twin Falls	KMVT	CBS
La Crosse-Eau Claire	WEAU-TV	NBC		Twin Falls	KSVT-LD	FOX
Lansing	WILX-TV	NBC		Waco-Temple-Bryan	KBTX-TV	CBS
Laredo	KGNS-TV	NBC		Waco-Temple-Bryan	KWTX-TV	CBS
Laredo	KYLX-LD	CBS		Wausau-Rhineland	WSAW-TV	CBS
Lexington	WKYT-TV	CBS		Wausau-Rhineland	WZAW-LD	FOX
Lexington	WYMT-TV	CBS		Wichita-Hutchison	KBSD-DT	CBS
Lincoln & Hastings-Krny	KGIN	CBS		Wichita-Hutchison	KBSL-DT	CBS
Lincoln & Hastings-Krny	KOLN	CBS		Wichita-Hutchison	KBSH-DT	CBS
Lincoln & Hastings-Krny	KSNB	NBC		Wichita-Hutchison	KWCH-DT	CBS
Madison	WMTV	NBC		Wichita-Hutchison	KSCW	CW

ATTACHMENT B: Cable Communities

FILER, ID

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Filer Mutual Telephone Co. P.O. Box 89 Filer, ID 83328</p>		<p>B. Received by (Printed Name) Ashley Garza</p> <p>C. Date of Delivery 8/24/17</p>	
<p>2. Article Number (Transfer from service label) 7017 0660 0000 7836 1183</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

9590 9402 2340 6225 5858 93

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt